This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
	\$				
2-26-21	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	ACCOUNTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))							
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20202 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	Instructions:							
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	X Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	TDS Metrocom, LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	525 Junction Road (Number, street, rural route, apartment, or suite number)							
	Madison, WI 53717							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	TDS Telecom, Inc.							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	()							
	(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period	2020/2	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	TDS Metrocom, LLC						
D	Instructions: List each separate community served by the cable system. A 'separate and distinct community or municipal entity (including unincorporate)	community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identificative.						
Served							
	CITY OR TOWN	STATE					
First Community	Pittsville	WI					
Add Rows as Necessary							

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	7	\$25/mo			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential	7	\$6/Mo.			
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	14-19.99/mo	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0-\$49.95		
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	\$0-\$49.95	Burglar protection			
 Additional set(s) 	\$0-\$49.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25		
Converter		Disconnect			••••••
		Outlet relocation	19.98-39.96		••••••
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

TDS Metrocom, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAOW	9.1	N	Wausau, WI
WAOW-DT2	9.2	N-M	Wausau, WI
WAOW-DT3	9.3	N-M	Wausau, WI
WAOW-DT4	9.4	N-M	Wausau, WI
WAOW-DT5	9.5	N-M	Wausau, WI
WHRM	20.1	E	Wausau, WI
WHRM-DT2	20.2	E-M	Wausau, WI
WHRM-DT3	20.3	E-M	Wausau, WI
WHRM-DT4	20.4	E-M	Wausau, WI
WSAW	7.1	N-M	Wausau, WI
WSAW-DT2	7.2	N-M	Wausau, WI
WSAW-DT3	7.3	N-M	Wausau, WI
WTPX	46.1	l	Antigo, WI
WJFW	12.1	N	Rhinelander, WI
WJFW-DT2	12.2	N-M	Rhinelander, WI

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	TDS Metrocom, LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
_	In General: In space G. ide	entify every television station (including	translator stations and low power televi	ision stations)						
G		, ,	(1) stations carried only on a part-time	•						
	· ·	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.50(d)/2) and (4), 76.51(a)/2) and (4), 76.51(a)/2) and (4), 76.51(a)/2 and (4), 76.51(a)/2 and (4), 76.51(a)/2 and (4), 76.51(a)/2 and (5) and (6), 76.51(a)/2 and (7) and (7) and (8) are sections								
Primary	. , . , . ,	6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
Transmitters: Television			arried by your cable system on a substi	tute program						
		ules, regulations, or authorizations:	ne Special Statement and Program Log	w) if the						
	station was carried only on		le Special Statement and Program Log	ŋ,—ii tile						
	I -		d both on a substitute basis and also or	n some other						
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instruction or ogram services such as HBO, ESPN,	S.						
			e-air designation. For example, report r							
	"WETA-2" as the same on t	· ·								
		•	evision station for broadcasting over the	e air in its community						
		RC is channel 4 in Washington, D.C.	station, an independent station, or a no	ncommercial						
			(for network multicast), "I" (for independ							
			or "E-M" (for noncommercial education							
		rms, see page (iv) of the general instru		*						
			the community to which the station is I	•						
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	ne community with which the station is	identified.						
	1. CALL SIGN	O DIOACT CHANNEL NUMBER	2 TVDE OF STATION	A LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

TDS Metrocom, LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N1/A							
N/A							

	1 0000/0							
Accounting Perio	d: 2020/2 LEGAL NAME OF OWNER OF	CADLE SVST	-EM-				FOR	M SA1-2E. PAGE 5.
Name	TDS Metrocom, LLC	CABLE 3131	LIVI.					SYSTEM ID#
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the pager SA1-2 form							
Ocalica discosta								
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant station?							
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust comple	ete the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE	DDOGDA	Me					
	In General: List each subst			te line. Use abbreviations	s wherever po	ssible. if th	neir meaning i	s
	clear. If you need more spa	ce, please a	add additional	rows to the tables.	·		· ·	
	Column 1: Give the title	•		. • •				•
	period, was broadcast by a under certain FCC rules, re-		•	•				
	Do not use general categor	•						
	"NBA Basketball: 76ers vs.							
	Column 2: If the program Column 3: Give the call s		,					
	Column 4: Give the broa					ensed by tl	he FCC or. in	
	the case of Mexican or Can		`	,		,	,	
	Column 5: Give the mon	•	when your sys	tem carried the substitute	program. Use	e numerals	s, with the mo	onth
	first. Example: for May 7 giv Column 6: State the time		substitute nro	gram was carried by you	r cahla systam	liet tha t	imas accurat	alv
	to the nearest five minutes.				•			Oly
	stated as "6:00-6:30 p.m."	·		, ,	·	·		
	Column 7: Enter the letter						•	
	to delete under FCC rules a was substituted for program	•		0 0.				ıram
	effect on October 19, 1976.		our oyotom wa	to pormittod to doloto dile	101 1 00 14100	ana rogalo		
					10 10/11	-N CUDO		
	٩	LIBSTITLIT	E PROGRAM			EN SUBST IAGE OC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	_	TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то	
	N/A						_	
							_	
							_	
					-		_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S'	YSTEM ID#
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service	403.85
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	•	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		02.00
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	<u> </u>		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O' TDS Metrocom,	WNER OF CABLE SYSTEM:				SYSTEM ID#
M Channels	1. Enter the total system carried 2. Enter the total on which the or	s, and (2) the cable system's	s total numb ch the cable ns	st stations	ccounting period.	15 35
N Individual to Be Contacted	we can contact a	about this statement of accor		RMATION IS NEEDED (Identify an in		
for Further Information		Stephanie Weber 525 Junction Rd			Telephone ((608) 664-4721
		(Number, street, rural route, apart Madison, WI 53593 (City, town, state, zip)	tment, or suite	number)		
	Email	Finance@tdstelec	com.com		Fax (optional	
•	CERTIFICATION (This statement of account m	nust be certi	ified and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	one, <i>but onl</i> y	one, of the boxes.)		
	(Owner	other than corporation or p	oartnership) I am the owner of the cable system a	s identified in line 1 of space B	; or
				rtnership) I am the duly authorized age not a corporation or partnership; or	ent of the owner of the cable sy	stem as identified
		r or partner) I am an officer (in line 1 of space B.	(if a corpora	tion) or a partner (if a partnership) of th	e legal entity identified as owne	er of the cable system
		e, and correct to the best of m		lare under penalty of law that all statem ge, information, and belief, and are mad		
				/s/ Sharon V. Tisdale		
				lectronic signature on the line above to c ature using an "/s/ signature" (e.g., /s/ Jo	•	
		Typed or printed	d name:	Sharon V. Tisdale		
		Title:		ant Treasurer position held in corporation or partnership)		
		Date:			February 26, 2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom, LLC	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include a scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	sub- Special Statement
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissio made by satellite carriers to satellite dish owners? X NO	ins
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment for an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u>
(interest charge	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ase
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, plealist below the owner, address, first community served, ID number, and accounting period as given in the original filing	
Owner	
Address	
ID number	
First community served	
Accounting period	

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